976 Separtment of the Treasury

CHANGE OF ACCOUNTING MERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

Form 990 (2017)

OMB No 1545-0047

Inten	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the	e latest	information.	Inspection
ΑI	For the	e 2017 calend	ar year, or tax year beginning $$ JUL 1 , 2017 $$ and endi	ling D	EC 31, 2017	
B (~hack if	C Name of	organization	_ -	D Employer identifi	cation number
ָ ב	Check if applicable	le C Name of	Organization		D Employer identifi	Cation number
_	~]Addre	55	FALL BELLEVE			
느	_]chang	e AMEK	ICAN RENTAL ASSOCIATION, INC.			
L	Name chang	e Doing bu	isiness as		36-2	425015
]Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone numbe	r
	Final	1 1000	19TH STREET			764-2475
_	return. termin	. 				6,516,073.
_	ated Amend		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
<u> </u>	lreturn	MODIT	NE, IL 61265		H(a) Is this a group r	
<u> </u>	Application	F Name a	nd address of principal officer ANTHONY CONANT		for subordinates	s? Yes 🗶 No
	pendir		19TH STREET, MOLINE, IL 61265		H(b) Are all subordinates i	ncluded? Yes No
$\overline{}$	Tax-exe	empt status L	501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527	If "No " attach a	list. (see instructions)
			ARARENTAL.ORG		11/2	n number > 9339
				I. v		
		organization:	X Corporation Trust Association Other	L Year	or formation: 1936	■ State of legal domicile: IL
P	art I	Summary	_ -			
Ф	1	Briefly describ	e the organization's mission or most significant activities: TO PROM	MOTE	THE SUCCES	S OF OUR
Governance			AND ADVANCE THE GROWTH OF THE EQUIP			
Ē			f the organization discontinued its operations or dispos-			
Ķ	i				1	18
Ĝ			ing members of the governing body (Part VI, line 1a)		3	
જ	4	Number of Ind	ependent voting members of the governing body (Part VI, line 1b)		4	18
Activities &	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a)		5	52
Ę.	6	Total number	of volunteers (estimate if necessary)		6	150
ŧ			business revenue from Part VIII, column (C), line 12	li	7a	1,227,361.
ď			business taxable income from Form 990-T, line 34	Ű	7b	236,680.
_	 	iver unrelated	business taxable income from Form 990-1, line 34			
	ļ			<u> </u>	Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)		0.	0.
Ĕ	9	Program service	ce revenue (Part VIII, line 2g)		13,692,447.	3,478,196.
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		849,255.	599,389.
Œ	l .		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		460,965.	822,795.
	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	15,002,667.	4,900,380.
				}-	0.	1,300,300:
	1		nilar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
8	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	L	4,076,532.	2,145,640.
Expenses	16a	Professional fu	andraising fees (Part IX, column (A), line 11e)		₀ .	0.
þ	1		ng expenses (Part IX, column (D), line 25)	. —		
ŭ	ľ			<u> </u>	9,276,895.	2,994,361.
	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		
	ו ו	Total expense	s. Add lines 13-17 (must equal Part IX, column (A) line 25)	¬	13,353,427.	
	19	Revenue less	expenses. Subtract line 18 from line 12 RECEIVED		1,649,240.	-239,621.
Net Assets or Fund Balances	}				ginning of Current Year	End of Year
ia Figure	20	Total assets (F			44,254,515.	50,298,682.
Seg.	21		(Part X, line 26)	<u> </u>	5,102,130.	
₹ĕ	22		i i	<u>≅</u> }	39,152,385.	
		Signature	fund balances. Subtract line 21 from line 20		37,132,303.	1 37,023,043.
	art II					
			declare that I have examined this return, including accompanying schedules and			ly knowledge and belief, it is
true	, correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.	
_		X km	rong Conors		X 8/13/	18
Sig	n	Signature	of officer		Date Date	
_		AMTH	ONY CONANT, CEO			
Her	e		rint name and title			
		ļ <u>, , , , , , , , , , , , , , , , , , , </u>)oto	TT DYIN
		Print/Type prep	Preparer's signature		Date Check [PTIN
Paid	d i	JAMES E	TAYLOR James Elevisor	CPA	8-3-18 sett-emplo	yed_ 1200002697
Pre	parer	Firm's name	CARPENTIER, MITCHELL, GODDARD & CO		LLC Firm's EIN	36-2662809
	Only	Firm's address		- ,		
			MOLINE, IL 61265		Dhone no 12	09)762-3626
					Priorite no. (3	
May	/ the IF	TS discuss this	return with the preparer shown above? (see instructions)			X Yes No

1-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMEN

	990 (2017) AMERICAN RENTAL ASSOCIATION, INC. 36-2425015 Page 2
Pa	t III Statement of Program Service Accomplishments
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE THE SUCCESS OF OUR MEMBERS AND ADVANCE THE GROWTH OF THE
	EQUIPMENT RENTAL INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 222,313. including grants of \$) (Revenue \$
	ANNUAL CONVENTION AND CONFERENCES HELD FOR THE BENEFIT OF MEMBERS
	NATIONWIDE. MAJOR EXPENSES INCLUDE TRAVEL, HOTEL, HALL RENTAL, BUSING,
	DECORATING, ACTIVITIES, AND SPEAKERS.
4b	(Code) (Expenses \$ 4,050,130. including grants of \$) (Revenue \$ 3,073,630.)
	BENEFIT PROGRAMS FOR A.R.A. MEMBERS - SUCH AS THE MONTHLY PUBLICATION
	OF "RENTAL MANAGEMENT" MAGAZINE, SEMINARS, PRODUCT SURVEYS, SAFETY
	GUIDELINES, EMPLOYEE TRAINING MANUALS, CALENDARS, AUDIO/VISUAL AIDS,
	ETC. THESE PROGRAMS ARE FUNDED THROUGH MEMBERSHIP DUES AND PROGRAM
	CHARGES. THE "RENTAL MANAGEMENT" MAGAZINE ADVERTISING REVENUE OF
	\$1,227,361 IS UNRELATED BUSINESS REVENUE.
4c	(Code) (Expenses \$) (Revenue \$)
	
	
	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 4 , 272 , 443 .
	Form 990 (2017)

Form 990 (2017) Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			X
•	If "Yes," complete Schedule A	1_2		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		_	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	-	<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
••	as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			~
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	}		ł
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, " complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		[
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	İ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1	ľ	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	}	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III		990	(2017)

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		.	'
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			v
24	,	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I			77
32		31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			X
33		32		
•	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00	İ	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	24	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	GCC		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				2017)

Pa	Check if Schedule O contains a response or note to any line in this Part V				$\overline{}$
-`	Officers in Confedence of Contrains a response of Note to any line in this Part V	· <u>· · · · · · · · · · · · · · · · · · </u>	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a} 24		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners?		1c	•	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	· o	3b	_X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	1		}
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country.				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).		-	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit	_	}	x
h	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	tions or girts	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 00		<u> </u>
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	· ·	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	l	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			\Box
	to file Form 8282?	•	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g	<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h_	<u> </u>	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	_	-	-
_	sponsoring organization have excess business holdings at any time during the year?		8		\vdash
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		\vdash
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.		9b		├
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter		1		
а	Gross income from members or shareholders	11a		•	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	L	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.		1]	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1]		
	organization is licensed to issue qualified health plans	13b	1		
	Enter the amount of reserves on hand		 	-	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schadu.	lo O	14a	 	+^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.		14b	1000	(2017

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

•	to line da, do, or rob below, describe the Engline lances, processes, or changes in deficition of deel instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		Van	Na.
4-	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year			i
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	to the second se	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- - -		
1 a	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
ט	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		L	
	Total Distriction Diseases who make the control and a system that the control and control		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a		12a	X	- ~
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_		
	in Schedule O how this was done	12c	Х	ł
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	ł	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ļ	1	l
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Ì	}	
	exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANTHONY CONANT - 309-764-2475			
	1900 19TH STREET, MOLINE, IL 61265			
			-000	(0047)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box,	not c unle	ss per	rtion more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM HUGHES	1.00								0	0
REGION NINE DIRECTOR		X		_	<u> </u>	-	├	0.	0.	0.
(2) MARK CLAWSON	1.00	.,			İ	j	1	0.	0.	0.
REGION SEVEN DIRECTOR	1.00	X	<u> </u>	\vdash	<u> </u>	├	 	J		·
(3) GREG NELSON	1.00	x		'			ŀ	0.	0.	0.
REGION EIGHT DIRECTOR (4) CRAIG CREAMER	1.00	<u> </u>	├			┼	├	 		<u>_</u>
REGION TWO DIRECTOR	1.00	X			Ì		Ì	0.	0.	0.
(5) JAMES MORDEN	1.00	^	-			┼	├-	-	· · · · · · · · · · · · · · · · · · ·	<u>-</u>
REGION TEN DIRECTOR	1.00	X						0.	0.	0.
(6) RACHEL O'BRIEN	1.00	-	 	-	 	╁╌		 	 	
REGION SIX DIRECTOR	1.00	x	ł		1			0.	0.	0.
(7) DAN HOOKS	1.00	 	 - -	-	├-	╁╴	┢	 		
EVENT SERVICES SIG CHAIR		\mathbf{x}						0.	0.	0.
(8) ROCKY HILL	1.00	 -		-	-	\vdash	1-	<u> </u>		
CONSTRUCTION SIG CHAIR		X					1	0.	0.	0.
(9) ANTHONY DURANTE	1.00	<u> </u>	 		1	 		 		
REGION ONE DIRECTOR	 	X	ł	ł		1		0.	0.	0.
(10) TRISH SOUTHARD	1.00					T	T	 		
REGION FOUR DIRECTOR		X			1			0.	0.	0.
(11) SAM HUMPHREY	1.00			_	Π	T	\Box			
ASSOCIATE MEMBER DIRECTOR		X		ł	ł			0.	0.	0.
(12) JOHN WOOTEN	1.00					T				
EQUIPMENT SIG CHAIR		X					L	0.	0.	0.
(13) JAY SUNDERMAN	1.00									
ASSOCIATE MEMBER DIRECTOR		X	_	L	L	↓_	<u> </u>	0.	0.	0.
(14) PEGGY DEFRANCISCO	1.00		}		l	1	ł			
REGION THREE DIRECTOR		X	<u> </u>	<u> </u>	L_	<u> </u>	igspace	0.	0.	0.
(15) SCOTT IRWIN	1.00	1	1		1		1			
REGION FIVE DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	↓_	ـ	0.	0.	0.
(16) ROGER VAJGRT	1.00	}								1
CHAIRMAN OF THE BOARD		<u> </u>	<u> </u>	X	├ _	↓ _	lacksquare	0.	0.	0.
(17) KEVIN HOFFMAN	1.00	4		٦,	1				٥.	0.
PRESIDENT ELECT		<u></u>	L	X	<u>L_</u>	┸_	<u> </u>	0.	<u> </u>	5 990 (2017)

732007 11-28-17

Form 990 (2017)
Part VII Sect

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employed	es (continued)			
` (A)	(B)			(0)			(D)	(E)		(F)	
Name and title	Average	(do	not d	Posi	tion	than	one	Reportable	Reportable	Est	tımate	d
	hours per	box.	unte	ss pe	rson I	s bot	h an	compensation	compensation		ount o)f
	week	├	اله هم	u a u	a ecto	17003	100,	from	from related		other	
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)		pensat om the	
	related	50	ᇐ			sated		(W-2/1099-MISC)	(44-27 (099-141130)	ĺ	anızatı	
	organizations	ruste	trus .		82	m gen		(** 2 1033 141100)			relate	
	below	individual trustee or director	Institutional trustee	_	휱	stco	25	}		1	nızatio	
	line)	E S	ast	Officer	Key employee	Highest compensated employee	돌			_		
(18) TONY CONANT	40.00											
CHIEF EXECUTIVE OFFICER				X				372,058.	0.	10	6,19	35.
(19) MARK GILBERTSON	1.00		[_					}				_
PRESIDENT		L		X	<u> </u>		_	0.	0.			0.
(20) JOHN W. MCCLELLAND	40.00	ĺ					1				. - .	
V.P. GOVERNMENT AFFAIRS		<u> </u>	<u> </u>	<u> </u>	<u> </u>	X		223,102.	0.		8 , 5'	<u>/5.</u>
(21) MARCY JOHNSON	40.00				}		}	145 140	•	}		- 4
C.F.O./V,P. OPERATIONS	40.00	<u> </u>	<u> </u>		┞	X	<u> </u>	147,149.	0.	<u></u>	9,0	24.
(22) KEN HUGHES	40.00					·	ļ	105 106	0.	1 4	E 3.	2 5
PUBLISHER (22) CURTON VINCEN	40.00	-	├			X	├	125,186.	U •		5,2	33.
(23) CHRISTINE HAMMES	40.00	ŀ	1	•	ĺ	x	ĺ	113,279.	0.	,	8,2	ΔΛ
VP ASSOCIATION SERVICES (24) DEBBY SCHALLER	40.00		├			^	-	113,213.	0.	 	0,2	74.
VP MARKETING	40.00		1			X		102,316.	0.	1 1	7,0	14.
The state of the s	 		├		-	-	-	102/3100		 -	, , , ,	 -
	 	1		1			1	1				
		-		-		1	_	<u> </u>				
			ł		ł	Ì						
1b Sub-total							>	1,083,090.	0.	7	4,3	
c Total from continuation sheets to Part V	II, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)								1,083,090.	0.	7	4,3	<u>67.</u>
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	0,000 of reportable			_
compensation from the organization												6
											Yes	No
3 Did the organization list any former officer			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	1	{	₩.
line 1a? If "Yes," complete Schedule J for s		•								3		X
4 For any individual listed on line 1a, is the s	-								the organization		X	
and related organizations greater than \$15										4	Λ	
5 Did any person listed on line 1a receive or					-		reiat	ted organization or indiv	idual for services	5	-	X
rendered to the organization? If "Yes, " con	ipiete Scheau	e J	or s	ucn	pers	SON		 		1-2-		<u></u>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DELORES RIDOUT	25551,211011011011011	1
1323 KIRBY LAKE CT, RICHMOND, TX 77469	ADVERTISING SALES	242,232.
MDS ASSOCIATES		
1127 KRISTIN DR, LIBERTYVILLE, IL 60048	ADVERTISING SALES	197,158.
		
	<u> </u>	
2 Total number of independent contractors (including but not limited to those lis	ited above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2017)

-		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			. 🗆
			2.00 2.000		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
E 3		Membership dues	1b					
A, E	С	Fundraising events	1c					
		Related organizations	1d					}
S,E		Government grants (contribut	tions) 1e					
50	f	All other contributions, gifts, gran	·					ŀ
돌림		similar amounts not included abo	1 1	į				}
들의	a	Noncash contributions included in lines	**					}
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f						}
				Business Code				
ا يو	2 a	MEMBERSHIP DUES		611710	1,765,522.	1,765,522.		1
ا ۾ ڇ	b			511120	1,227,361.		1,227,361.	ļ
₽ĕ	c	TRUCK TOUR AND BUGGINGS	RESOURCES	611710	406,006.	406,006.		
E 8	d	GOVERNANCE		611710	53,250.	53,250.		
Program Service Revenue	e				·— ——-			
ا گ	f	All other program service reve	enue	611710	26,057.	26,057.		
!	a				3,478,196.			
$\neg \neg$	3	Investment income (including	dividends, inter	est, and				
j	_	other similar amounts)		.	283,261.	i		283,261.
!	4	Income from investment of ta	proceeds					
ì	5	Royalties .	,	•				
1			(i) Real	(ii) Personal				
}	6 a	Gross rents		1		}		
- 1		Less. rental expenses			ļ			
}		Rental income or (loss)						
ľ		Net rental income or (loss)		•			****	
		Gross amount from sales of	(i) Securities	(ii) Other				
1		assets other than inventory	1,931,821					1
1	b	Less: cost or other basis	 	 		,		
		and sales expenses	1,615,693	.				
	С	Gain or (loss)	316,128					1
- 1		Net gain or (loss)	<u></u>		316,128.			316,128.
ø		Gross income from fundraisin	a events (not					
Ž		including \$	of	1		1		
e		contributions reported on line		}				
Œ		Part IV, line 18	a					
Other Revenu	b	Less: direct expenses	b					
0		Net income or (loss) from fund	draising events	D		1		
		Gross income from gaming a	_					1
- {		Part IV, line 19	aa			}		1
	b	Less: direct expenses	b			1		1
		Net income or (loss) from gan	ning activities	•		1		}
- 1		Gross sales of inventory, less	-					
- 1		and allowances	а	,] [1		}
	b			,				
ì		Net income or (loss) from sale	_					1
- 1	—— <u> </u>	Miscellaneous Revenu		Business Code				
	11 a			524298	820,625.	820,625.		
ļ	b	·				[
ł	c							
- }	d			900099	2,170.	2,170.		†
}	-	Total. Add lines 11a-11d		•	822,795.			
1	12	Total revenue. See instructions.			4,900,380.		1,227,361	. 599,389.
73200	9 11-2	·						Form 990 (2017

Part JX | Statement of Functional Expenses

77b, 8b	arants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic organizations and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
a 2 0 0 11 13 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	nd domestic governments. See Part IV, line 21 Grants and other assistance to domestic andividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign	_			
2 0 iii 3 0 iii 4 E 5 0 tt 6 0 p p 7 0 0	Grants and other assistance to domestic andividuals. See Part IV, line 22 Grants and other assistance to foreign by an artifular foreign governments, and foreign				
3 G G G G G G G G G G G G G G G G G G G	ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign	_			
3 C c iii 4 E 5 C t t 6 C p p 7 C 7	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4 E 5 C to 6 C p p 7 C 7	organizations, foreign governments, and foreign				
4 E 5 C to 6 C p p 7 C 7	-	I			
4 E 5 C tu 6 C P P P 7 C C	ndividuals. See Part IV, lines 15 and 16				
5 C ti 6 C p p p 7 C					
6 C p p 7 C	Benefits paid to or for members				
6 C p p 7 C	Compensation of current officers, directors,	227 001	100 051	24 050	
p p 7 C	rustees, and key employees	227,001.	192,951.	34,050.	
7 C	Compensation not included above, to disqualified				
7 (ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	1,556,767.	1,433,949.	122,818.	
о г	Other salaries and wages Pension plan accruals and contributions (include	1,330,707.	1,433,343.	122,010.	
c	ection 401(k) and 403(b) employer contributions)	41,777.	27,140.	14,637.	
	Other employee benefits	205,449.	139,031.	66,418.	
	Payroll taxes	114,646.	105,292.	9,354.	
	ees for services (non-employees)		100,100	- 3,3321	
	Management				
	egal	12,603.	8,415.	4,188.	
	Accounting	31,145.	11,905.	19,240.	
	obbying	103,301.	103,301.		
	rofessional fundraising services. See Part IV, line 17				
f li	nvestment management fees	22,169.		22,169.	
g (Other (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch O.)	495,310.	450,242.	45,068.	
2 A	Advertising and promotion	34,954.	34,954.		
3 (Office expenses	84,591.	74,733.	9,858.	
4 I	nformation technology	129,231.	69,557.	59,674.	
5 F	Royalties				
6 (Decupancy	91,612.	23,414.	68,198.	
	ravel .	264,935.	188,942.	75,993.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	42 064	12 064		
	Conferences, conventions, and meetings	43,964.	43,964.	-	
	nterest				
	Payments to affiliates	53,071.	7,303.	45,768.	
	Depreciation, depletion, and amortization surance	18,378.	5,618.	12,760.	
	nsurance Other expenses. Itemize expenses not covered	10,370.	3,010.	12,700	
a	bove. (List miscellaneous expenses in line 24e. If line				
2 a	4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	MISCELLANEOUS	379,481.	242,339.	137,142.	
_	MARKETING	321,657.	321,657.	,	
	PRINTING	249,003.	249,003.		
_	STATE ASSOC REBATES	167,871.	167,871.		
_	Il other expenses	491,085.	370,862.	120,223.	
	otal functional expenses. Add lines 1 through 24e	5,140,001.	4,272,443.	867,558.	0
6 J	oint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				

art	<u> </u>	Balance Sheet	 		
•		Check if Schedule O contains a response or note to any line in this Part X		; - : - -	
			(A) Beginning of year		(B) End of year
\neg		Cook no interest hearing	196,718.	1	219,020
1	1	Cash - non-interest-bearing	3,731,298.	2	3,909,206
1	2	Savings and temporary cash investments	3,731,230.	1	3,903,200
1	3	Pledges and grants receivable, net	543,762.	3	920,176
j	4	Accounts receivable, net	343,702.	4	720,170
	5	Loans and other receivables from current and former officers, directors,	_ }		
- [trustees, key employees, and highest compensated employees. Complet	e)	_	
ł	e	Part II of Schedule L	index	5	
}	6	Loans and other receivables from other disqualified persons (as defined u		}	
ł		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributions and approximation of section 501(a)(0) valuators	buting	1	
.		employers and sponsoring organizations of section 501(c)(9) voluntary	,		
	-	employees' beneficiary organizations (see instr). Complete Part II of Sch I	<u> </u>	7	
É	7	Notes and loans receivable, net	147,595.		125,669
	8	Inventories for sale or use	524,451.	9	1,286,817
	9	Prepaid expenses and deferred charges Land, buildings, and equipment, cost or other	324,431.	1 9	1,200,011
-	iva	4 025	445		
	ь.	basis. Complete Part VI of Schedule D Less. accumulated depreciation 10a 4,935,4 10b 3,646,3	932,081.	10c	1,289,276
- 1	11	Investments - publicly traded securities	21,205,018.		24,765,938
- 1	12	Investments - other securities. See Part IV, line 11	16,848,019.		17,668,644
- 1	13	Investments - program-related. See Part IV, line 11	20/010/025	13	27,000,02
- 1	14	Intangible assets		14	
- (15	Other assets. See Part IV, line 11	125,573.		113,936
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,254,515.	16	50,298,682
	17	Accounts payable and accrued expenses	919,749.	17	1,238,354
	18	Grants payable		18	,
1	19	Deferred revenue	4,004,692.	19	9,130,616
- 1	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Loans and other payables to current and former officers, directors, truste	ees,		
		key employees, highest compensated employees, and disqualified perso		ł	
Liabilities		Complete Part II of Schedule L		22	
j	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
- }		parties, and other liabilities not included on lines 17-24). Complete Part X	of	•	
- }		Schedule D	177,689		105,869
	26	Total liabilities. Add lines 17 through 25	5,102,130	26	10,474,839
		Organizations that follow SFAS 117 (ASC 958), check here	and		
8		complete lines 27 through 29, and lines 33 and 34.		1	
	27	Unrestricted net assets		27	
	28	Temporanly restricted net assets		28	
2 (29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here	X		
5		and complete lines 30 through 34.		}	
3	30	Capital stock or trust principal, or current funds	0	30	
3	31	Paid in or capital surplus, or land, building, or equipment fund	0		
;	32	Retained earnings, endowment, accumulated income, or other funds	39,152,385		39,823,84
		-	39,152,385	33	39,823,84
	33	Total net assets or fund balances	44,254,515		50,298,682

Form	990 (2017) AMERICAN RENTAL ASSOCIATION, INC.	36-2	42501	5 Ра	ge 12
Pai	rt XI Reconciliation of Net Assets				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		00,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		40,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		39,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,1		
5	Net unrealized gains (losses) on investments	5	9	11,0	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	39,8	23,8	43.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.	l		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2</u> a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	ł		
	separate basis, consolidated basis, or both:			1	1
	Separate basis				ł
þ	Were the organization's financial statements audited by an independent accountant?		_2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,	1	1	
	consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis		}		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		- - 🚅	
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	 ;
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1	į į
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audi			- J
	Act and OMB Circular A-133?		38		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audr	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> 3t</u>		
			For	m 990	(2017)

SCHEDULE C

(Form-990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.			
Name of organization			Emp	loyer identification number
	N RENTAL ASSOCI			36-2425015
	janization is exempt un		or is a section 527 o	organization.
Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	tical campaign activities	ın Part IV. ▶ ş	;
Part I-B Complete if the org	janization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise tax			▶ 9	
2 Enter the amount of any excise tax	incurred by organization mana	igers under section 495	5 ▶ 9	3
3 If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?	·	Yes No
4a Was a correction made?		ŕ		Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	janization is exempt un	der section 501(c	, except section 501	(c)(3).
1 Enter the amount directly expended	by the filing organization for s	section 527 exempt fund	ction activities	S
2 Enter the amount of the filing organ	ization's funds contributed to	other organizations for s	section 527	
exempt function activities			▶ \$	S
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-PO	,	
line 17b			▶ \$	S
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en made payments. For each organiza contributions received that were pro- political action committee (PAC). If	tion listed, enter the amount promptly and directly delivered to	aid from the filing organ o a separate political org	ization's funds. Also enter t ganization, such as a separa	he amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
or Panerwork Reduction Act Notice	see the Instructions for Form	990 or 990-FZ	Schedule ((Form 990 or 990-FZ) 2017

LHA 732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 A Part II-A Complete if the orga					2425015 Page 2
section 501(h)).		,			
A Check ► if the filing organization	on belongs to an a	filiated group (and list ii	Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	of excess lobbying	g expenditures).			
B Check ► L If the filing organization	on checked box A	and "limited control" pro	ovisions apply.		
	on Lobbying Exp tures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influe			·	· · · · · · · · · · · · · · · · · · ·	
c Total lobbying expenditures (add line	-				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or	(b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% c	f the amount on line 1e			
Over \$500,000 but not over \$1,000,	000 \$100,0	000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	000 plus 10% of the exc	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	00,000 \$225,0	000 plus 5% of the exce	ess over \$1,500,000.		i.
Over \$17,000,000	\$1,000),000.			
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this ye (Some organizations that	or less, enter -0- o on either line 1h c ear? 4-Year A at made a section	veraging Period Under	section 501(h) have to complete all o	of the five columns	Yes No
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount			1		
(150% of line 2a, column(e))			<u> </u>		
c Total lobbying expenditures		ļ		·	
d Grassroots nontaxable amount					
e Grassroots ceiling amount		 	 		
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures		<u> </u>			
				Schedule C (For	m 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 AMERICAN RENTAL ASSOCIATION, INC. 36-242501 Part JI-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			
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- A die ming eigenbeden met de deetsen ie de dazi, die it met ein met ein met ein die gewin	 		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), or se	ection	
		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	 	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	<u> </u>	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye		X	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)		ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (b) Par	t III-A, li	ne 3, is
Dues, assessments and similar amounts from members	1	1,71	8,003.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		 	
expenses for which the section 527(f) tax was paid).	1		
a Current year	2a	11:	9,850.
b Carryover from last year	2b		
c Total	2c	11	9,850.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		3,340.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	<u> </u>	 	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		1	
expenditure next year?	4	ł	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-10	3,490.
Part IV Supplemental Information		1	

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

D	AMERICAN RENTAL ASSO		36-2425015
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		
	<u> </u> _	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in write		
	are the organization's property, subject to the organization's ex-		. L Yes L No
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
_	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	· —	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it has	olds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	rtion, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1	_	> \$
	(ii) Assets included in Form 990, Part X	·	► \$ ► \$
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 116		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2017

	dule D (Form 990) 2017 AMERICA	N RENTAL A				r Other			25015	
3	Using the organization's acquisition, accessi	 _								
	(check all that apply):	o.,, 2.2 oo.	,							
а	Public exhibition	d		Loan or excl	hange progra	ıms				
b	Scholarly research	e		Other	. 5 , 5					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	nev further th	ne organizatio	on's exem	ot purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Par	t IV Escrow and Custodial Arran					'Yes" on F	orm 990	D. Part IV.	line 9, or	
	reported an amount on Form 990, Pa	•							•	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not in	rcluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	 Ilowina t	able						
_	3	and tomprove							Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990 Part Y fine	21 for 6	ectow or ci	istodial acco	unt liability			Yes	No
	If "Yes," explain the arrangement in Part XIII.						, .			声"
	t V Endowment Funds. Complete).			
<u> </u>		(a) Current year		nor year	(c) Two year			ears back	(e) Four y	ears back
19	Beginning of year balance	(a) Culterit year	(6) 1	nor your	(0) 1110 100.	O Buon 10	,	Journ Buon	(0) 1 00. 7	-
b	Contributions									
	Net investment earnings, gains, and losses									
	<u> </u>					—— 			 	
d	Grants or scholarships								 	
е	Other expenditures for facilities									
	and programs		 							
f	Administrative expenses		 							
g	End of year balance	L	 _		<u></u>				l	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	i)) held as:					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	=								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for the	e organı	zation	_	
	by:									res No
	(i) unrelated organizations	•							3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					_3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds						
Pai	t VI Land, Buildings, and Equipn									
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other		cumulat		(d) Book	value
		basis (investi	ment)		(other)	depr	eciation		- 1 . 7	366
	Land .				3,366.	1 ^	0 F ^	06 -		,366.
	Buildings			1,94	4,872.	1,2	85,2	30·	659	,576.
	Leasehold improvements			0 46	- 262		<u> </u>	-		407
	Equipment .				5,360.	2,3	60,8	13.		,487.
_	Other				1,847.					,847.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	'0c)				1,289	,276.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 AMERICAN RE	NTAL ASSOCIAT	ION, INC.	36-2	2425015	Page 3
Part VII Investments - Other Securities.					
. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990, Part	t X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua		f-year market	value
(1) Financial derivatives		 			
(2) Classic hold agree contacts	17,668,644.	COST			
(3) Other		 			
(A)		 			
(B)		 			
(C)		 			
(D)		 			
(E)	- 	 			
(F)		 			
(G)		 			
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	17,668,644.	 			
Part VIII Investments - Program Related.	2,,000,022,	<u> </u>			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c See Form 990 Part	Y line 13		
(a) Description of investment	(b) Book value	(c) Method of valua		f-vear market	value
	(2) 50011 14140	(0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(1)		 			
(2)		 			
		 			
(4)	 	 			
(5)		 			
(6)		 			
(7)		 			
(8)		 			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		<u> </u>			
L	on Form 000 Dort IV Inc	11d Coa Form 000 Par	+ V lena 15		
Complete if the organization answered "Yes"	Description	rid. See Form 990, Par	(A, lifte 15.	(b) Book v	alue
				(B) BOOK V	
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
(6) (7)					
(8)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15.)				
Part X Other Liabilities.	e 15)				
<u></u>	on Form COO Bort IV line	11e or 11f Son Form DC	On Part V line Of		
Complete if the organization answered "Yes" 1. (a) Description of liability	on roim 990, Part IV, IIN	(b) Book value	0, Fait A, IIIIE 25.		
		(a) DOOK VAIUE			
(1) Federal income taxes (2) STATE REBATE HOLDINGS		45,331.			
COLUMN DE CONTROL POR CONTROL	TIVES	60,038.			
(3) STATE PROPERTY TAX INITIA	11 V E O	500.			
IN AUGUAL COUNT ACTUAL IN INC.	J	J U U L			

(5) (6) (7) (8) 105,869. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

Schedule D (Form 990) 2017

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

_	dule D (Form 990) 2017 AMERICAN RENTAL ASSOCIATION t XI Reconciliation of Revenue per Audited Financial Statemen				2425015	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ito with it	ovendo per ri	otaiii	•	
1	Total revenue, gains, and other support per audited financial statements			1	5,811,	459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			- '- +		
a	Net unrealized gains (losses) on investments	2a	911,079.			
b	Donated services and use of facilities	2b	<u> </u>	1		
C	Recoveries of prior year grants	2c 2d		{ [
đ	Other (Describe in Part XIII)	20		_	911,	079
e	Add lines 2a through 2d	•		2e	4,900,	
3	Subtract line 2e from line 1		•	3	4,300,	500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		1		•
С	Add lines 4a and 4b			4c		0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,900,	<u> 380.</u>
Pai	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With E	xpenses per	Retui	r n.	
1	Total expenses and losses per audited financial statements			1	5,140,	001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•			 _	
а	Donated services and use of facilities	2a				
ь	Prior year adjustments	2b	- <u></u>	1 1		
c	Other losses	2c		1 1		
d	Other (Describe in Part XIII.)	2d		1		
e	Add lines 2a through 2d	20		2e		0.
3	Subtract line 2e from line 1			3	5,140,	001.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			" 		
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		{		
	Add lines 4a and 4b	40		4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	5,140,	
5 Dai	t XIII Supplemental Information.			<u> </u>	<u> </u>	001.
		V	-1.01- D-+1// f	4 5-4	V Inc. 0. Deat V	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			4, Part . 	x, iine 2, Part Xi	,
	RT X, LINE 2:	-032 17.00	~~~~			
THI.	E ASSOCIATION HAS ADOPTED FASB INTERPRETATI	ON AC	COUNTING	FOR		

THE ASSOCIATION HAS ADOPTED FASB INTERPRETATION "ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES". MANAGEMENT IS REQUIRED TO DETERMINE WHETHER

A TAX POSITION OF THE ASSOCIATION IS MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY BASED ON THE TECHNICAL

MERITS OF THE POSITION. THE IMPLEMENTATION OF THE STANDARD DID NOT HAVE

AN EFFECT ON THE ASSOCIATION'S RESULTS OF OPERATIONS OR FINANCIAL

CONDITION. WHEN MANAGEMENT'S ASSESSMENT INDICATES THAT IT IS MORE LIKELY

THAN NOT THAT UNRECOGNIZED TAX BENEFITS, INCLUDING DEFERRED INCOME TAX

ASSETS, WILL NOT BE REALIZED, A VALUATION ALLOWANCE IS RECORDED AGAINST

THE UNRECOGNIZED TAX BENEFITS. THE UNRECOGNIZED TAX BENEFITS MAY ONLY BE

RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON

720264 10-00-17

19

Schedule D (Form 990) 2017 AMERICAN RENTAL ASSOCIATION, INC. Part XIII Supplemental Information (continued)	36-2425015 Page 5
AUDIT BY THE RELEVANT TAX AUTHORITIES. MANAGEMENT DOES NOT	BELIEVE THERE
ARE ANY TAX POSITIONS TAKEN BY THE ASSOCIATION THAT ARE SUBJ	ECT TO
UNCERTAINTY AND AS A RESULT, NO PROVISIONS HAVE BEEN MADE IN	THESE
FINANCIAL STATEMENTS. THE ASSOCIATION IS NO LONGER SUBJECT TO	O EXAMINATION
BY MAJOR TAX JURISDICTIONS FOR TAX YEARS PRIOR TO 2013.	
·	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

3 a Sub-total 0 0 0 42,546. b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ERICAN RENTAL				36-24250	
the granteas eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (cffices in the region in	Pa			ctivities Ou	tside the United States. Comple	ete if the organization answered	Yes" on
the granteser eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of fices in the region of fices in the region on the region on the region on the region on the region on the region on the region on the region on the region on the region on the region on the region on the region of service(s) in the							
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Offices in the region of Offices in the region of Offices in the region of Offices in the region of Offices in the region of Offices in the region of Offices in the region of Service (a) in the region of Service (b) in the region of Service (c) in	1						lvas [] No.
United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region offices in the region offices in the region offices in the region of offices		the grantees engionity is	or the grants or a	issistance, and	the selection chiena used to award the	e grants or assistance?	i les Lino
(a) Region (b) Number of offices offices in the region offices in the region offices in the region offices in the region of the	2		ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
offices in the region of the r	3		he following Part	I, line 3 table c			
ANADA 0 0 PROGRAM SERVICES MEMBERSHIP SERVICES 42,546. 3 a Sub-total 0 0 0 42,546 b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(a) Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and investments
ANADA 0 0 PROGRAM SERVICES MEMBERSHIP SERVICES 42,546. 3 a Sub-total 0 0 0 42,546 b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
3 a Sub-total						RENTAL COMPANY	
3 a Sub-total 0 0 0 42,546. b Total from continuation sheets to Part I 0 0 0 0 0 0. Totals (add lines 3a	CANA	ADA	0	0	PROGRAM SERVICES		42,546.
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
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b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•			
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b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
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b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 a	Sub-total	0	0			42,546
c Totals (add lines 3a							
			0	0			0
and 3h) 0 0 1 42 546	С	Totals (add lines 3a and 3b)		0			42,546.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

36-2425015

AMERICAN RENTAL ASSOCIATION, INC.

Schedule F (Form 990) 2017 AMERICAN RENTAL ASSOCIATION, INC. 36–2425015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of · valuation (book, FMV, appraisal, other)				
(h) Description of noncash assistance				
(g) Amount of noncash assistance				
(e) Amount (f) Manner of of cash grant cash disbursement				
(e) Amount of cash grant				
(d) Purpose of grant				
(c) Region				
(b) IRS code section and EIN (if applicable)				
1 (a) Name of organization				

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Schedule F (Form 990) 2017

Enter total number of other organizations or entitles

3

N

36-2425015 AMERICAN RENTAL ASSOCIATION, INC.

Page 3

Schedule F (Form 990) 2017 AMERICAN RENTAL ASSOCIATION, INC. 36–2425015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance		1			
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
s) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2017

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

Yes X No

6

Schedule F	(Form 990) 2017	AMERICAN	RENTAL	ASSOCIATION,	INC.	36-2425015	Page 5
Part·V	Supplement	al Information		•			
	Provide the info	mation required by	Part I. line 2 (n	nonitoring of funds): Part	I. line 3. column	(f) (accounting method; amounts of	
						nting method), and Part III, column (c)	١
						tional information. See instructions.	,
	(estimated numb	bei of recipients), as	applicable. A	so complete this part to p	provide any addit	ional information. See instructions.	
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			-				

SCHEDULE'J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

INC.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN RENTAL ASSOCIATION,

Part I Questions Regarding Compensation

Employer identification number 36-2425015

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	i i		!
	First-class or charter travel		'	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		{	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		ļ	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			_
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Ī
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X_	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			<u>'</u>
	establish compensation of the CEO/Executive Director, but explain in Part III.)	1	!
	X Compensation committee X Written employment contract			1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			,
		ļ	ļ	,
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	}	1	
		ļ	ł	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	Į.	ļ	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of]		
а	The organization?	5a	 _	├
þ	Any related organization?	5b	<u> </u>	├ ─
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ļ	ļ	
	contingent on the net earnings of:		-	
а	The organization?	6a	—	↓
þ	Any related organization?	6b	├	}
	If "Yes" on line 6a or 6b, describe in Part III.]		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	—	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

AMERICAN RENTAL ASSOCIATION, INC. 36

36-2425015

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation	4-2 and/or 1099-MIS	SC compensation	(C) Retirement and	ppe	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneiits		in colurin (b) reported as deferred on prior Form 990
(1) TONY CONANT	8	316,808.	55,250.	0	4,500.	12,962.	389,520.	0
CHIEF EXECUTIVE OFFICER	<u> </u>	0	0	0		0		0.
(2) JOHN W. MCCLELLAND	Ξ	202,602.	20,500.	0	6,07	3,660.	232,83	0
V.P. GOVERNMENT AFFAIRS	Ξ	0	0	0				0
(3) MARCY JOHNSON	ε	132,149.	15,000.	0	4,054.	6,202.	157,405.	0.
C.F.O./V, P. OPERATIONS	: 3	0	0	0	0	0.	0	0
	ε							
	Ξ							
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	(ii)							
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· Page 3

36-2425015

AMERICAN RENTAL ASSOCIATION, INC.

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Schedule O (Form 990 or 990-EZ) (2017)

The of the organization	AMERICAN RENTAL ASSOCIATI	ON, INC.	36-2425015
	I, LINE 1, DESCRIPTION OF		
HOLD AN ANNUAL	CONVENTION, PRODUCE A MAGA	AZINE, AND PROVII	DE VARIOUS
OTHER MEMBER SI	ERVICES.		
FORM 990, PART	VI, SECTION A, LINE 6:		
	ASSOCIATION FOR THE RENTAL		
AND ASSOCIATE 1	IEMBERS.		
FORM 990, PART	VI, SECTION A, LINE 7A:		
ALL OF THE OFF	CERS AND REGIONAL DIRECTOR	RS, EXCEPT FOR TH	HE CEO, ARE ELECTED
BY THE MEMBERSI	HIP OF THE ORGANIZATION. BO	OARD POSITIONS AF	RE THREE YEAR
TERMS. ELECTION	IS ARE HELD ANNUALLY AND ON	NE THIRD OF THE I	BOARD ROTATES OUT
ANNUALLY.			
FORM 990, PART	VI, SECTION B, LINE 11B:		
THE FORM 990 A	ID 990-T ARE REVIEWED BY TH	HE OFFICERS ON BE	HALF OF THE BOARD
OF DIRECTORS B	FORE THE RETURN IS FILED.		
FORM 990, PART	VI, SECTION B, LINE 12C:		
THE CONFIDENTIA	ALITY AND CONFLICT OF INTER	REST POLICY ARE	REVIEWED AT EVERY
BOARD MEETING.	WE HOLD THREE BOARD MEETIN	IGS PER YEAR. TH	IS IS ALSO COVERED
ANNUALLY AT TH	NEW DIRECTOR'S ORIENTATION	ON.	
FORM 990, PART	VI, SECTION B, LINE 15:		
REVIEWS ARE PE	RFORMED ANNUALLY FOR ALL EN	MPLOYEES. AN OUTS	SIDE CONSULTANT AND

COMPARABILITY DATA ARE USED TO DETERMINE STAFF SALARIES INCLUDING KEY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17

Name of the organization AMERICAN RENTAL ASSOCIATION, INC.	Employer identification number 36-2425015
EMPLOYEES. A COMPENSATION COMMITTEE COMPRISED OF MEMBERS	OF THE EXECUTIVE
COMMITTEE REVIEW THE PERFORMANCE OF THE CEO AND DETERMINE	COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION KEEPS ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AT ITS MOLINE OFFICE AND	IS AVAILABLE UPON
REQUEST FROM THE GENERAL PUBLIC.	
FORM 990, PART XI, LINE 2C	
THE PROCESS FOR THE AUDIT COMMITTEE'S OVERSIGHT OF THE AU	DIT OF THE
ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN I	NDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	
	·
FORM 990, PART IX, LINE 24E	
PROGRAM SERVICE EXPENSES - DEVELOPMENT \$16,092; POSTAGE \$	3114,532;
PUBLIC RELATIONS \$7,289; TELEPHONE \$31,564; DUES/SUBSCRIE	PTIONS \$57,284;
EQUIPMENT \$24,318; RESEARCH \$119,783	
MANAGEMENT AND GENERAL EXPENSES - POSTAGE \$1,864; EQUIPME	ENT \$10,813;
UNRELATED INCOME TAX \$107,546	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No. 1545-0047

2017 Open to Public Inspection

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. AMERICAN RENTAL ASSOCIATION, INC. Part I

Employer identification number 36-2425015

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
						:	
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.		if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, bec	ause rt had one	or more related tax-exe	əmpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code st	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) Illed
				501(c)(3))		Yes	S.
AMERICAN RENTAL ASSOCIATION FOUNDATION - 36-2897310, 1900 19TH STREET, MOLINE, IL 61265	PHILANTHROPIC SUPPORT OF RENTAL INDUSTRY	DISTRICT OF COLUMBIA 501(C)(3)		170(B)(1) (A)(VI)	W/A		×
ARAPAC 1900 19TH STREET MOLINE, IL 61265	LOBBYING FOR RENTAL INDUSTRY ISSUES	DISTRICT OF COLUMBIA 527(F)(3)	27(F)(3)		N/A		×

Schedule R (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule R (Form 990) 2017 AMERICAN RENTAL ASSOCIATION, INC.

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(a)	9	(b)	(e)	Œ	(6)	(h)	())	(1)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Orsproportionate allocations?	Code V-UBI amount in box	General or managing partnor?	General or Percentage managing ownership
		toreign country)		sections 512-514)		55555	Yes No	K-1 (Form 1065)	Yes No	}
								-		
							-			
	1						_			
	1									
	T								_	
										
	1									
	T									
	-									
	T-				- -				_	
Truck Complete if the organization are truck Complete if the organization answered "Ves" on Form 990. Part IV, line 34, because it had one or more related	0 0 40 x 0 1	1000	votion or Truct	malete if the organization	on answered "Yes	" on Form 990 P	art IV Ine 34	because it had o	one or mo	ore related

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line organizations treated as a corporation or trust during the tax year. Part IV

(d) (a)	(a)	(0)	(p)	(e)	(c)	(6)	ε	= }	} ,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled ontity?	- <u>6</u> 5
		country)		or trust)		assets		Yes	2
ARA INSURANCE SERVICES, INC 42-1294093									
102 NW PARKWAY									
RIVERSIDE, MO 64150	INSURANCE	MO	N/A	C CORP	32,941.	18,909,653.	1008	×	1
ARA INSURANCE LTD - 98-0366431									
PO BOX 1363		CAYMAN							
GRAND CAYMAN, KY1-1108, CAYMAN ISLANDS	INSURANCE	ISLANDS	N/A	c corp	1,507,522.	26,585,693.	1008	×	}
								1	1
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								7	1
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Part VII	(Fórm 990) 2017 Supplemental Infor	mation.		<u>-</u>			
`	Provide additional informa	ation for responses	to questions	on Schedule R. See instru	ictions.		
		<u> </u>	10 4000				
							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Country Coun				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	S No	_
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	J in Parts II-IV?	L	-		J
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			_t	_	×	
b Gift, grant, or capital contribution to related organization(s)				₽	_	×	١.
c Gift, grant, or capital contribution from related organization(s)				۲		×	Ι.
d Loans or loan guarantees to or for related organization(s)				: :		×	1
(a) and the property of september of the second of the sec			::::	<u>'</u>	+		1
				<u></u>		4	-
f Dividends from related organization(s)						×	
				1	1	: ;	1
				٦ و	_	۲	ı
h Purchase of assets from related organization(s)				=	_	×	
i Exchange of assets with related organization(s)			:	<u> </u>	L	×	1
j Lease of facilities, equipment, or other assets to related organization(s)			:	: :	-	×	1
]			1
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×	
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=		×	ı
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			투	_	×	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			F	×		1
o Sharing of paid employees with related organization(s)	•			٤	×	L	1
					+	-	1
p Reimbursement baid to related organization(s) for expenses						×	
q Reimbursement paid by related organization(s) for expenses				<u> </u>	×	╁	1
			፤	<u>-</u>	╁	-	1
r Other transfer of cash or property to related organization(s)				+	_	×	t
s Other transfer of cash or property from related organization(s)				18		X	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	tho must complete the	is line, including covered	relationships and transaction thresholds.				1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involvec			1
(1) ARA INSURANCE SERVICES, INC.	a	165,500.	165,500. REVIEW OF INVOICES REIMBURSED	MBUR	SED		1
(2)							I
(3)				:			I
(4)							1
(5)							1 1
(9)]
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